

DOCKET NO.: HITACHI-0019
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT



In re application of: IKOMA, et al.

Serial No.: 09/894,017

Group Art Unit: 2633

Filed: June 28, 2001

Examiner: CURS, Nathan M.

**For: OPTICAL NETWORK SYSTEM WITH QUALITY CONTROL
FUNCTION**

Certificate of Mailing

I hereby certify that this paper is being sent via First
Class Mail to the Commissioner for Patents,
Alexandria, VA 22313-1450, on the date shown below.

On December 16, 2004

Carla P. McDuffie

A handwritten signature in dark ink, appearing to read "Carla P. McDuffie", written over a horizontal line.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

In response to the Office Action dated September 20, 2004, please consider the following remarks and attachments for the above-referenced application:

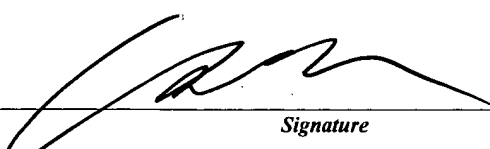
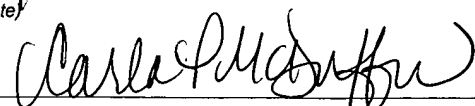
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Conclusion begins on page 12 of this paper.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. HITACHI-0019																															
Applicant(s): IKOMA et al.																																			
Application No. 09/894,017	Filing Date June 28, 2001	Examiner CURS, Nathan M.	Customer No. 21,302	Group Art Unit 2633	Confirmation No. 4983																														
Invention: OPTICAL NETWORK SYSTEM WITH QUALITY CONTROL FUNCTION																																			
<p style="text-align: center;"><u>COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <p style="text-align: center;">CLAIMS AS AMENDED</p> <table border="1"><thead><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th>HIGHEST # PREV. PAID FOR</th><th>NUMBER EXTRA CLAIMS PRESENT</th><th>RATE</th><th>ADDITIONAL FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>25 -</td><td>32 =</td><td>0 x</td><td>\$18.00</td><td>\$0.00</td></tr><tr><td>INDEP. CLAIMS</td><td>4 -</td><td>4 =</td><td>0 x</td><td>\$86.00</td><td>\$0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td>\$0.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td><td>\$0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0462 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between;"><div> Signature Ken I. Yoshida Reg. No. 37,009 KNOBLE YOSHIDA & DUNLAEVY, LLC Eight Penn Center, Suite 1350 1628 John F. Kennedy Boulevard Philadelphia, PA 19103 215-599-0600</div><div>Dated: December 16, 2004</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>12/16/04</u>. (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Carla P. McDuffie Typed or Printed Name of Person Mailing Correspondence</p></div>							CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	TOTAL CLAIMS	25 -	32 =	0 x	\$18.00	\$0.00	INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
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